

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 228

County Registrar No. 74

Local Registrar No. 30

No. 731 Church Hill St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Bozich's Baby (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth 1st 6. Legitimate? \_\_\_\_\_ 7. Date of birth Jan-30-1925 Month Day Year

8. FATHER Full name Mike Bozich

9. Residence (Usual place of abode) Miami Ariz If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 33 (Years)

12. Birthplace (city or place) Dalmacia (State or country) Austria

13. Occupation Nature of industry Miner

14. MOTHER Full maiden name Kate Bozich

15. Residence (Usual place of abode) Miami Ariz If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 40 (Years)

18. Birthplace (city or place) Dalmacia (State or country) Austria

19. Occupation Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 3 a m on the date above stated (Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature \_\_\_\_\_ Address \_\_\_\_\_ (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Month, day, year \_\_\_\_\_ Filed Jan 31, 1925 Nelson & Brayton Local Registrar.

Registrar \_\_\_\_\_ Filed 2/9, 1925 Y. E. Wright County Registrar.

028-130-228